



Communicating to Improve Continuity of Care

Continuity of care is the consistent and seamless provision of ongoing health care management to a patient over time, ensuring coordinated and high-quality treatment across various Providers and settings. Creating a system in which the patient's core team of health care Providers can become familiar with the patient's health history and needs over time is critical to improving patient experience and achieving better health outcomes. Such a system requires clear, consistent, and comprehensive communication between Primary Care Providers (PCPs), Specialists, and other Health Care Providers.

Central to continuity of care is a focus on the whole patient, prioritizing their specific needs, building trust, and nurturing understanding between the patient and their various treating Providers

Please use these tips for enhanced communication to collaborate, document and communicate treatment effectively and clearly.

TIPS FOR ENHANCED COMMUNICATION AMONG PROVIDERS

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| Release of Information | <ul style="list-style-type: none">• Obtain a release of information signed by the patient to contact their PCP, Specialist, or other Provider.• Document in the patient's chart when you release information to other Providers.• Communicate with office staff to find out the best means to communicate and share information with other Providers. |
| Share Accurate Contact Information | <ul style="list-style-type: none">• Ensure that contact information on referrals or other shared information includes the most effective/timely means to reach you. |

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| <p>Develop a Working Relationship</p> | <ul style="list-style-type: none"> • Ask the PCP's office if they have a treatment summary form that they can share. If you are a PCP, make this information readily available. • If you are a Specialist or other Provider, create a treatment summary form and share it with the PCP to better coordinate care when the Member attends their medical appointments. • Discuss and coordinate an established protocol between the PCP, Specialist, and other Providers for urgent medical needs. • Keep the patient aware of the content of communications as clinically appropriate. |
| <p>Joint Patient Consultations</p> | <ul style="list-style-type: none"> • When necessary, consult with the patient, PCP, and Specialists online, on the phone, or in person. This includes regular Specialist attendance at Primary Care team rounds to provide consistent and seamless care for the patient. |
| <p>Set up a Standard Procedure</p> | <ul style="list-style-type: none"> • Strive to make communication with all of your patients' Providers a normal part of doing business. • Routinely communicate with other Providers at specific points in treatment, such as: <ul style="list-style-type: none"> » At initiation of services » When significant changes in treatment or patient status occur » When preparing for discharge » After discharge • Integrate PCP communication into the Individual Service Plan (ISP), if applicable. • Use a form for communication between the PCP and Specialist, including Behavioral Health Providers. See sample form here. • Talk to the patient about the benefits of collaborative care including: <ul style="list-style-type: none"> » Decrease in hospitalization » Improved physical health » Improved mental health » Fewer interactions between medications |

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| <p>Shared Electronic Progress Notes</p> | <ul style="list-style-type: none"> • Use a Continuity of Care Document or Record, if possible. A CCR summarizes a patient's electronic health record (EHR) in a standardized manner. It enables care teams to seamlessly, securely exchange patient information. Along with a Continuity of Care Document (CCD), a CCR facilitates the portability and interoperability of patient data. • Keep accurate, comprehensive notes on medical care. Share data, including: <ul style="list-style-type: none"> » Patient demographics » Patient history » Medications » Allergies » Procedures » Encounters » Problem lists » Diagnoses » Lab results » Immunizations » Health risk factors » Non-medical Drivers of Health (NMDOH) |
| <p>Discuss Patient's Health Concerns</p> | <ul style="list-style-type: none"> • Ask the patient about their medical condition or any new or lingering health concerns they may have. • Discuss their health concerns and gauge their understanding of medical conditions, recommendations, or treatments. • Help the patient come up with relevant questions to ask their other Providers. • Write down any recommendations on care or "homework" that the patient needs to take care of at home. |

SOURCES

[Interactive Communication between Primary Care and Specialty Care Improves Patient Outcomes – Publication Brief \(va.gov\)](#)

[Foy R, Hempel S, Rubenstein L, Suttorp M, Seelig M, Shanman R, and Shekelle P. Meta-Analysis: Effect of Interactive Communication between Collaborating Primary Care Physicians and Specialists. Annals of Internal Medicine February 16, 2010;152\(4\):247-58.](#)